

Report to the Iowa General Assembly

Access to Obstetrical Care in Iowa

1997 Acts, Chapter 197, Section 1, Subsection 18A

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Iowa Department of Public Health
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Obstetrical and Gynecological Care in Iowa: A Report on Health Care Access

To Iowa Legislature -- Year 2002 Introduction

This report has been prepared annually in response to a 1997 legislative mandate detailed in the *Iowa Acts 1997 General Assembly*, Chapter 197, Section 1, Subsection 18A. The legislative reference for this report is outlined below.

NEW SUBSECTION. 18A. Consult with the Office of Statewide Clinical Education Programs at the University of Iowa College of Medicine and annually submit a report to the general assembly by January 15 verifying the number of physicians in active practice in Iowa by county who are engaged in providing obstetrical care. To the extent data are readily available, the report shall include information concerning the number of deliveries per year by specialty and county, the age of physicians performing deliveries, and the number of current year graduates of the University of Iowa College of Medicine and the University of Osteopathic Medicine and Health Sciences entering into residency programs in obstetrics, gynecology, and family practice. The report may include additional data relating to access to obstetrical services that may be available.

The information provided attempts to assess the availability of obstetrical services to the citizens of Iowa by using available data to show the distribution of obstetricians, family medicine physicians and other health care professionals who are able to deliver prenatal and obstetrical services. Since the inception of this report, the Iowa Department of Public Health has endeavored to provide accurate and pertinent data, but on an annual basis has encountered several obstacles.

The data currently tracked may provide an overview of issues, but it is not sufficient to directly answer the questions posed in the legislation, nor can it comprehensively portray the obstetrical and/or gynecological (OB/GYN) access issues facing the citizens of Iowa - particularly those in rural areas. Some examples of current data limitations include the following factors:

- Unavailable county-specific data on health-care professionals currently practicing obstetrics.
- Limited data on physician age.
- Unavailable or insufficient graduation rate and residency location data.
- Unavailable physician specialty data.

Despite the shortcomings in available data, the report does attempt to use existing data to cover some of the prenatal and obstetrical care access issues facing Iowans. To date, the bureau has not received feedback from any group or the legislature on whether or not the

report is useful. As it is a mandated report the bureau continues to complete it as shown. This report includes the following information:

- Birth data according to occurrence, location and type of health-care professional delivering the baby.
- Brief description of state demographics.
- General data on health care professionals and institutions.
- Limited prenatal-care data.

Data sources used for this report include the following :

- University of Iowa
- Des Moines University
- Claritas (1999 Pop. Est.)
- Board of Nursing
- Iowa State University
- Association of Iowa Hospital and Health Systems
- Iowa Department of Public Health
- Iowa Board of Medical Examiners
- 2000 U.S. Census of Population (est. July 2001)
- Center for Health Statistics

Demographics

For purposes of this report the definition of rural and urban follows the definition used by the United States Office of Management and Budget (OMB) for metropolitan areas and non metropolitan areas.. The OMB defines a metropolitan area as core areas containing a large population nucleus, together with adjacent communities having a high degree of economic and social integration with that core. Metropolitan statistical areas are areas greater than or equal to 50,000 population. A rural area is defined as a non-metropolitan statistical area.

Rural

- Citizens of Iowa living in rural areas equal approximately 54.43 % of the state's population, or 1,590,977 people.
- Ratio of the rural population to rural primary care physicians is 1,853:1.
- Women of childbearing age comprise 19.45 % of the rural population, or 309,420 women aged 15-44.
- Ratio of rural women of childbearing age to rural primary care physicians is 360:1; however, it is unknown how many physicians actually see women for prenatal care or actually deliver babies.
- Ratio of rural women of childbearing age to rural OB/GYN physicians is 6,127:1

Urban

- Citizens of Iowa living in urban areas equal approximately 45.57 % of the state's population, or 1,332,202 people.
- Ratio of the urban population to urban primary care physicians is 1,517:1.

- Women of childbearing age comprise 22.65 % of the urban population, or 301,794 women aged 15-44.
- Ratio of urban women of childbearing age to urban primary care physicians is 344:1; however, it is unknown how many physicians actually see women for prenatal care or actually deliver babies.
- Ratio of urban women of childbearing age to urban OB/GYN physicians is 2,321:1

Total

- Iowa's population is 2,923,179 according to the 2000 U.S. Census data est. July 2001.
- Ratio of the total population to the total number of primary care physicians is 1,683:1.
- Physicians working full time equal 1,728.
- Physicians working part time equal 37.
- Estimate for full-time equivalent physicians (FTE) is 1,728.
- Women of childbearing age (15-44) number 611,214.
 - Women of childbearing age in rural areas equal 309,420 people, or 50.6 % of the total of Iowa childbearing women.
 - Women of childbearing age in urban areas equal 301,794 people, or 49.4 % of the total of Iowa childbearing women.
- Ratio of all Iowa women of childbearing age to family practice and OB/GYN physicians is 482:1.
- Ratio of all Iowa women of childbearing age to the total number of OB/GYN physicians is 3,386:1.

Other related information

- Population of Iowans living at or below 100 percent of the federally set poverty level equals 322,417, or 11.24 % of the state's total population for 1999. The 2000 U.S. Census poverty data will not be available until 2003.

Provider Information

For the purposes of this count, primary care means all family practice, general internal medicine, general pediatric, non-family practice-doing family practice and OB/GYN physicians. The data does not count physicians categorized as sub-specialists, federal physicians, medical administration, research, state institution, teaching positions or urgent care.

Rural

- Physicians classified as OB/GYN equal 51.
- Number of part-time OB/GYN physicians is 1.
- Number of full-time equivalent positions for OB/GYN physicians is 50.
- Age of OB/GYN physicians is an average of 49 years.

- Physicians classified as primary care equal 1006 full time workers.
- Number of part-time primary care/family practice physicians is 9.
- Number of full-time equivalent positions for primary care physicians includes an estimated 857.
- Age of family practice physicians is an average of 48 years.
- Age of all physicians is an average of 46 years.

Urban

- Physicians classified as OB/GYN equal 130 full-time workers.
- Age of OB/GYN physicians is an average of 47 years.
- Physicians classified as primary care equal 886.
- Number of part-time primary care/family practice physicians is 14.
- Number of full-time equivalent positions for primary care physicians is 872.
- Age of family practice physicians is an average of 45 years.
- Age of all physicians is an average of 46 years.

Total

- Physicians classified as OB/GYN equal 181 full-time professional workers.
- Number of part-time OB/GYN physicians is 1.
- Number of full-time equivalent OB/GYN positions is 180.
- Physicians classified as primary care equal 1,892 full-time professional workers.
- Number of part-time primary care physicians is 34 of that 23 are in family practice.
- Physicians classified as family practice equal 1,100 full time professional workers.
- Number of part-time family practice is 23.
- Number of full-time equivalent positions for all physicians is an estimated 1,745.
- Age of OB/GYN physicians is an average of 47 years.
- Age of family practice physicians is an average of 46 years.
- Age of all physicians is an average of 46 years.

Other

- Number of certified nurse midwives per the Iowa Board of Nursing is 60.
- Number of OB/GYN nurse practitioners is 159 as estimated by the Iowa Board of Nursing. Licenses show Advanced Registered Nurse Practitioners have OB/GYN training but do not specify if they are practicing.

The OB/GYN map included at the end of this document denotes the number of OB/GYN full-time equivalent (FTE) positions in each county. It should be noted, however, that The University of Iowa Hospitals and Clinics OB/GYN physicians are not included in this data set due to their teaching and research roles. Therefore, the numbers for Johnson County may appear low. If it were possible to isolate the FTE position time spent seeing patients, the FTE number would likely increase for that county. However, this

information is not available and is excluded to avoid an overly optimistic and false impression of patient care and access in Johnson County.

Total Births by Attendant

2001 Iowa births are by occurrence regardless of residence (includes residents of other states)

Total Births by all Attendants	37,756	100 %
Physician (MD)	29,397	78 %
Physician (DO)	6,203	16 %
Certified Nurse Midwife	1,867	5 %
Other Midwife	109	0.3 %
Other	177	0.5 %
Not Classifiable	3	<0.1 %

Distribution of births by attendant is not notably different from the previous year's report. Data to indicate which specialty degrees were held by the involved physicians are unavailable. Additionally, data are not available at this time to determine if the health care professionals provided prenatal and obstetrical care. The age of the physicians delivering births is also unavailable because it is unknown which physicians actually provided each specific delivery.

Total Births By Birth Settings

2001 Iowa births are by occurrence regardless of residence (includes residents of other states)

Place	Number
Total	37,756 (100%)
Rural total	13,028 (34.5%)
Urban total	24,728 (65.5%)
Hospital setting	37,452 (99.2%)
Rural hospitals	12,833 (34%)
Urban hospitals	24,619 (66%)
In-home setting	304 (.8%)
In-home setting Rural	195 (64%)
In-home setting Urban	109 (36%)

The 2001 report noted that 44% of births were in rural areas whereas in the 2002 report it has dropped to 34.5%.

Hospital and Health Facility Information

Information for this section comes from the Iowa Hospital Association Profiles published August 2002.

- The Iowa Hospital Association (IHA) August 2002 Profile listed 116 hospitals in Iowa during 2001.
- The 2002 IHA Profile reported 95 hospitals in rural (non-metropolitan statistical area) areas; 7 of these are classified as rural referral hospitals and 38 were classified as rural Critical Access Hospitals.
- Hospitals in rural areas reporting at least one delivery equaled 72. This number, as in years past, includes rural referral hospitals. There was a decline of 5 rural hospitals performing deliveries from the previous year.
- There were 21 hospitals in urban areas including one urban Critical Access Hospital.
- Hospitals in an urban area reporting not having at least one delivery numbered 2.

Obstetrical Health Care Provider Trends Iowa -- 1998-2002

	2002	2001	2000	1999	1998
OB/GYN FTEs	180.5	173	164.5	158	151
Family Practice FTEs	1088.5	1,059	1,042	1,008	938
Certified Nurse Midwives FTEs	60	12/58*	10	10	5
Ratio of women of child-bearing age to primary care physicians	350:1	**	488.5	492:1	494:1

*Database used in previous years from the Office of Statewide Clinical Education Programs survey indicates 12 CN Midwives. However Iowa Board of Nursing data shows 58 are licensed and trained in this area.

**Unable to calculate due to unavailability of 2001 population estimates.

Conclusions

Currently, there are insufficient data to respond completely to the information requested by the Iowa Legislature. As reported in previous years, ongoing consultation with existing agencies providing physician data has led to the conclusion that an annual health care professional survey is needed to determine such factors as:

- Scope of practice of health care providers.
- Area covered geographically by each practice.
- Number of hospital facilities used for deliveries.
- Information on prenatal and obstetrical health-care access that is more detailed.

The issue of access to prenatal and obstetrical health care has become difficult to deal with beyond the need to report on the impact of tort reform on the availability of these services. This is due, in part, to lack of data and to the growing use of physician assistants and nurse practitioners for provision of basic obstetrical care. A survey would provide both the basic information needed to track the impact of tort reform as well as information on such additional issues as:

- Coverage under Medicaid for non-insured patients.
- Issues related to the financial viability of obstetrical practice in rural areas.
- Issues of concern to physicians such as being on-call.
- Analysis of liability insurance coverage costs.
- Information on birthing facilities in rural hospitals.
- Physician back-up for Certified Nurse Midwives

Currently, data must be compiled from many data sets, making it difficult to control for consistency across variables. Existing agencies that could provide this data do not currently have either the capacity or the intention to develop services in this area.

The Iowa Department of Public Health has met with agencies to determine how their problems can be remedied. It was determined in the 2000 and 2001 annual report that if more accurate data were wanted, additional funds would need to be secured annually to pay for a survey by the University of Iowa, Office of State-Wide Clinical Education Programs. Lead-time needed to implement a survey in any given year would mean the earliest available report would be for the following calendar year. Since this office did not receive any response or direction from the previous years' 2000 and 2001 reports, no new action has been taken.

The Bureau of Health Care Access, Iowa Department of Public Health, requests once again that the members of the Legislature review this mandated report that uses state resources for its completion and determine one of the following actions:

- Continue the report as submitted.

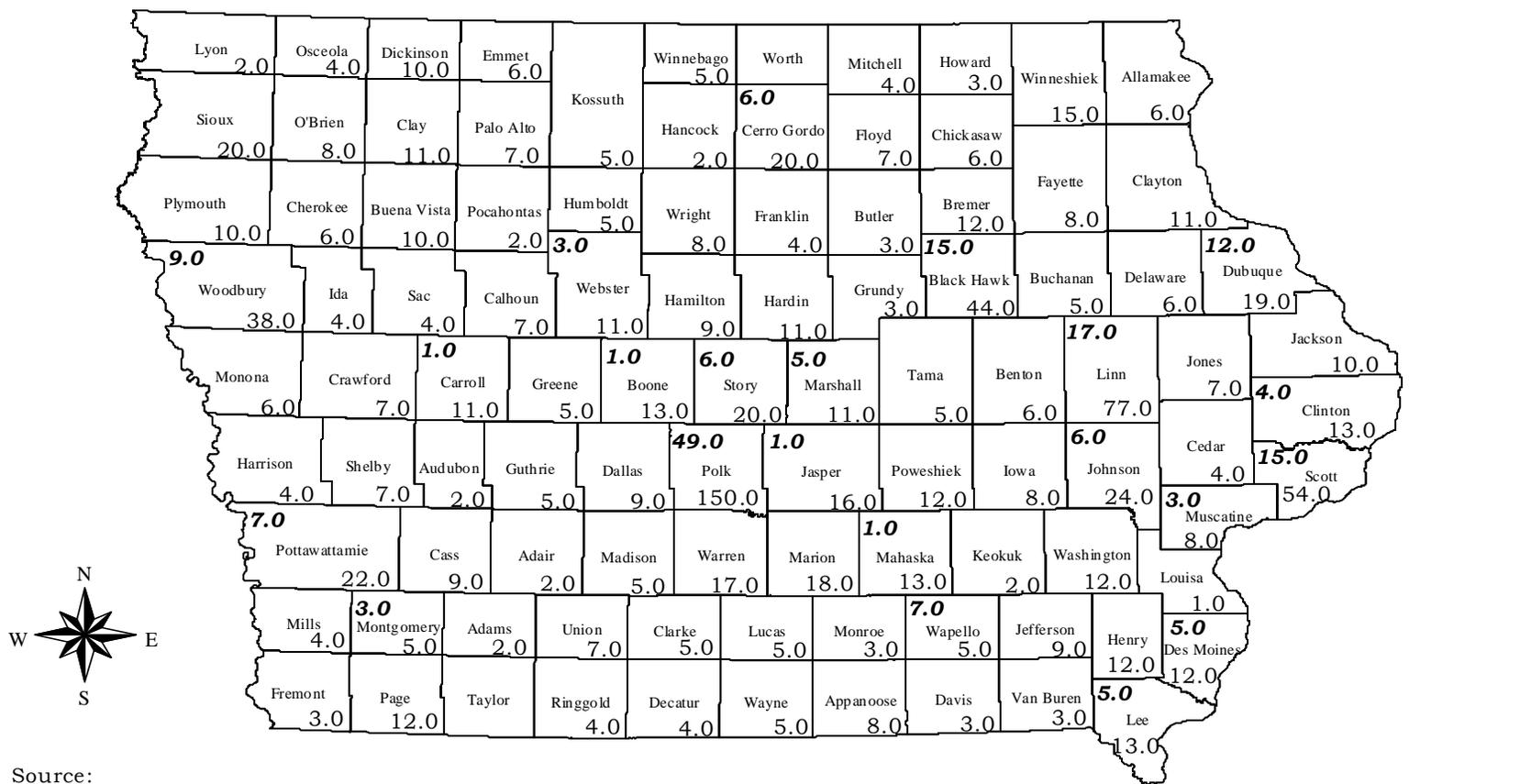
- Allocate additional funding to generate the additional data needed to complete the report as mandated.
- Remove the report from the current legislation if it is deemed an unnecessary cost for the information it provides.

Our office is not authorized to discontinue this report or undertake a new survey without further direction or funding. If this report is not being used, personnel time and resources could be re-directed to more necessary tasks. Any feedback regarding this report and its usefulness to any party, additional information or questions may be directed to:

Doreen Chamberlin, MPH, RD, Bureau Chief, Bureau of Health Care Access, Iowa Department of Public Health, 321 East 12th Street, Lucas State Office Building, 5th Floor, Des Moines, Iowa 50319 or call 515-242-6383.

OB/GYN Endeavor 2002

OB/GYN & Family Practice FTEs



Source:
 Iowa Department of Public Health
 Division of Community Health
 Bureau of Health Care Access

Data Source:
 Office of Statewide Clinical Education Programs

□ Iowa State & County Boundaries
 Lower Corner of the County = Family Practice FTE
 Upper Corner of the County = OB/GYN FTE

Physician counts exclude federal, state, administration teaching, and research physicians.